COLANTONI COLLINS SAN FRANCISCO CARRIE BARRIEAU 855-396-1220 ex: 302 MAIL-SF@CCMPT.COM

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PROOF OF SERVICE BY MAIL

JONATHAN SHOCKLEY v. BIOTELEMETRY, INC. DBA CARDIONET, LLC (CHUBB INDEMNITY INSURANCE COMPANY) WCAB NO. ADJ12031731

I. Sarra K. Bradford, declare as follows:

I am over the age of 18 years, and not party to this action. My business address is 201 Spear Street, Suite 1100, San Francisco, CA 94105, which is located in the county where the mailing described took place.

I am readily familiar with the business practice at my place of business for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence so collected and processed is deposited with the United States Postal Service that same day in the ordinary course of business.

On, May 29, 2019, at my place of business at San Francisco, California, a copy of the following documents:

NOTICE OF REPRESENTATION; 4906(h) DECLARATION

were placed for deposit in the United States Postal Service in a sealed envelope, with postage fully prepaid, addressed to:

SEE ATTACHED MAILING LIST

and that envelope was placed for collection and mailing on that date following ordinary business practices.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on May 29, 2019.

Sarra K. Bradford

MAILING LIST

1	WAILING LIST
2	JONATHAN SHOCKLEY v. BIOTELEMETRY, INC. DBA CARDIONET, LLC (CHUBB INDEMNITY INSURANCE COMPANY) WCAB NO. ADJ12031731
3	WCAB NO. ADJ12031731
4	Mario Castro
5	Chubb Group of Insurance Companies Western Claim Service Center
7	P.O. Box 42065 Phoenix, AZ 85080-2065
8	wcclaimsw2@chubb.com
9	PERSONAL & CONFIDENTIAL
10	HR Department
11	Biotelemetry, Inc. dba Cardionet, LLC 1000 Cedar Hollow Road
12	Malvern, PA 19355
13	Iana Zadneprovskaja, Esq.
14	Farber & Co. 333 Hegenberger Road, Suite 504
15	Oakland, CA 94621
16	
17	Workers' Compensation Appeals Board 1515 Clay Street, 6th Floor
18	Oakland, CA 94612-1519 (Via E-file Only)
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21	
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1 2 3 4 5	JAMES J. GOINES, SBN: 279936 COLANTONI COLLINS SAN FRANCISCO — 9127681 Colantoni, Collins, Marren, Phillips & Tulk, LLP 201 Spear Street, Suite 1100 San Francisco, CA 94105 Telephone: 855-396-1220 Facsimile: 415.278.9744 Attorneys for Defendant Chubb Indemnity Insurance Company							
6								
7	WORKERS' COMPENSATION APPEALS BOARD							
8	STATE OF CALIFORNIA							
9	JONATHAN SHOCKLEY,	WCAB No.: ADJ12031731						
10	Applicant,							
11	vs.							
12	BIOTELEMETRY, INC. DBA CARDIONET,							
13	LLC; CHUBB INDEMNITY INSURANCE COMPANY,							
15	Defendant.							
16	PLEASE TAKE NOTICE that this office has been retained to represent the interests of defendant: Biotelemetry, Inc. dba Cardionet, LLC							
17								
18		Insurance Company						
19	Our UAN and ERN as attorney of record for	or Defendant is as follows:						
20	i e e e e e e e e e e e e e e e e e e e	NS SAN FRANCISCO						
21	ERN No. 9127681							
22	Dated: May 29, 2019 Respectfully COLANTONI	submitted, , COLLINS, MARREN, PHILLIPS & TULK, LLP						
23								
24	BY: James J.	Goines						
25		for Defendant						
26	Service by mail on parties as							
27	shown on attached Proof of Service							
28								

JONATHAN SHOCKLEY v. Biotelemetry, Inc. dba Cardionet, LLC WCAB No. ADJ12031731

DECLARATION IN COMPLIANCE WITH LABOR CODE § 4906(h)

Pursuant to Labor Code Section 4906(h), I, James J. Goines, the attorney for Chubb Indemnity Insurance Company, , declare under penalty of perjury that I have not violated Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

I..... I. Cainea

James J. Goines

Dated: May 29, 2019 at San Francisco, California.

Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

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	Companion Case Number
Companion Case Number:	DELETE
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Lien Reservation Number:	
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Document Date:	(mm/dd/yyyy)
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<u>Uploaded Documents</u>

Master Case Reference	1 1	Case Type	Document Type		Document	Title	File Name	
ADJ12031731		ADJ	LEGAL DOCS		OTICE OF PRESENT	/	C:\fakepath\Notice of Representation 05.29.19.pdf	Delete
ADJ12031731		ADJ	LEGAL DOCS				C:\fakepath\§4906(h) Declaration 05.29.19.pdf	Delete
ADJ12031731		ADJ	LEGAL DOCS	SERVICE			C:\fakepath\POS for NOR, §4906(h) Declaration 05.29.19.pdf	Delete
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